

## MASTER TRADING PARTNER PROFILE

### TRADING PARTNER TYPE:

☒ Jurisdiction                      ☐ Claims Administrator  
☐ Service Bureau                      ☐ Other (specify): \_\_\_\_\_  
☐ Employer

### MASTER TRADING PARTNER INFORMATION:

Name: Kentucky Department of Workers Claims  
Master FEIN: 61-0600439  
Phy Address: Perimeter Park West  
1270 Louisville Road  
City: Frankfort  
State: KY                      Postal Code: 40601-6157  
  
Mail Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_                      Postal Code: \_\_\_\_\_

### CONTACT INFORMATION:

#### Business Contact(148/A49):

Name: Deborah Wingate  
Title: Director, Information and Research  
Phone: 502-564-5550 ext 423  
FAX: 502-564-5732  
Email: [deborah.wingate@mail.state.ky.us](mailto:deborah.wingate@mail.state.ky.us)

#### Technical Contact(148/A49):

Name: Stephen Mason, Jr.  
Title: EDI Administrator  
Phone: 502-564-5550 ext 540  
FAX: 502-564-5732  
Email: [StephenA.Mason@mail.state.ky.us](mailto:StephenA.Mason@mail.state.ky.us)

#### Business Contact(837):

Name: Deborah Wingate  
Title: Director, Information and Research  
Phone: 502-564-5550 ext 423  
FAX: 502-564-5732  
Email: [deborah.wingate@mail.state.ky.us](mailto:deborah.wingate@mail.state.ky.us)

#### Technical Contact(837):

Name: Stephen Mason, Jr.  
Title: EDI Administrator  
Phone: 502-564-5550 ext 540  
FAX: 502-564-5732  
Email: [StephenA.Mason@mail.state.ky.us](mailto:StephenA.Mason@mail.state.ky.us)

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Master FEIN: \_\_\_\_\_  
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City: \_\_\_\_\_  
State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### CONTACT INFORMATION:

#### Business Contact:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Technical Contact:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Business Contact:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Technical Contact:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Email: \_\_\_\_\_